



Bijan Pourjamasb, D.D.S., M.S.D., INC.
Practice Limited to Microscopic Endodontics

6883 N. Brockton Ave.
Riverside, CA. 92506
Tel 951-786-3636
Fax 951-786-3637



SPECIALIST MEMBER

DATE _____ (Please ask patient to bring this form to their consultation)

INTRODUCING _____

REFERRED BY DR. _____

CONSULTATION: **CALL BEFORE TREATMENT**

TREATMENT: **TREAT AS NEEDED**

PLEASE PERFORM POST SPACE

R.	Molars			Pre-Molars			Anteriors					Pre-Molars			Molars			L.
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16		
	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	Maxillary Mandibular	

REMARKS _____

Patient's Appointment:

Day _____ Date _____ Time _____